

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90023 037 ***150.00

DOCUMENT # P93000036726

1. Corporation Name

G. STEPHEN MANNING, P.A.



Principal Place of Business

**219 NORTH NEWNAN STREET
SUITE 400
JACKSONVILLE FL 32202
US**

Mailing Address

**P.O. BOX 550908
JACKSONVILLE FL 32255-0908
UD**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1993

4. FEI Number

59-3182675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 9471 Baymeadows Rd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 104

27

City & State

23 Jacksonville, FL

28

Zip

Country

24 32256

25

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**MANNING, G. STEPHEN
219 N. NEWNAN ST.
SUITE 400
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81

Name

G. Stephen Manning

82

Street Address (P.O. Box Number is Not Acceptable)

9471 Baymeadows Rd

83

Suite

Suite 104

84

City

Jacksonville

FL

85

Zip Code

32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
NAME MANNING, G. STEPHEN
STREET ADDRESS 12163 TWAIN OAKS LANE
CITY-ST-ZIP JACKSONVILLE FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

(904) 739-8223

Daytime Phone #

CR2E034 (1/98)